

1721

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 93

Place of Birth Gilbert County Gila No. _____ St. _____
(Registration District)SEX OF CHILD* Twin { and } Number
Triplets in order
or other? of birth

Male

DATE OF BIRTH April 6, 1914
(Month) (Day) (Year)

FULL NAME FATHER

FULL MAIDEN NAME MOTHER

NAME

NAME

I HEREBY CERTIFY that the child described
herein has been namedWilliam Henry Lindstrom
(Give name in full) (Surname)Maria Lindstrom
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

634-406-449